THE BENEFITS OF A POLICY OF FREE BUS TRAVEL FOR OLDER PEOPLE

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ABSTRACT

Older people in Britain are entitled to free off-peak travel by bus over the whole country. Bus operators are compensated for the loss of revenue and the extra costs imposed. This is very expensive and it is questionable whether this is a good use of public funds. However, there are also benefits both to the individuals concerned and to society as a whole. The paper explores the benefits based upon a review of the studies that have been carried out in Britain. Once they have obtained a pass, most people travel more by bus. About 20% of the trips being made using passes would have been made by car. Passes are very popular with both those who have them and also with the general population who may be looking forward to the day they are old enough to obtain one or have a family member whom they can see benefitting from it. The following impacts have been identified: improved access to services such as medical facilities and Post Offices, improvements to health by walking more, better inclusion of older people into society, easing the transition from driving a car to not doing so, and general improvements to the quality of life of older people. Various wider benefits that accrue to society include traffic reduction, voluntary work by older people, savings to tax payers of not providing some special transport services, and a happier, healthier population of older people. It is very difficult to put a monetary value on all these benefits but they need to be considered in discussions about saving public expenditure by reducing the value of the concession.

Keywords: buses, concessionary travel, older people, benefits

INTRODUCTION

Concessionary travel, that is discounted or free bus travel, has been offered to older and disabled people in Britain for a number of years. One third of the bus trips in England are now made free because of concessionary travel passes (CTPs) (Department for Transport, 2012a). Bus companies are compensated for the lost revenue and the resulting extra costs. Currently this costs the British taxpayer over £1 billion (€1.17 billion) a year (Department for

Transport (2011b)). Because this is a significant volume of expenditure, questions are being asked whether this is a good use of public money. However, while the direct costs to the public sector are quite explicit, the scale of the benefits generated by the scheme is much less evident. A balanced debate on the topic is needed. This should consider the positive aspects of concessionary travel, and it is these which are the subject of this paper. The political implications of removing the concession are outside the scope of this paper, but it is worth bearing in mind that older people are forming an increasing proportion of the population (and the electorate) and many younger people have relatives and friends who hold concessionary passes. Younger people may also be looking forward to the day when they have more time for travel for pleasure after retirement and see concessionary fares as part of the reward for their years of work. It would be very difficult politically to remove a concession from those with a disability.

Whilst the paper discusses the impacts of concessionary fares on older people, some of the figures include those for people with disabilities, but there are far fewer people holding passes on the grounds of disability than age. Other concessionary schemes, for example for young people, are not covered explicitly in this paper.

This paper is based on the draft of a literature review produced as a contribution to the work of the Concessionary Travel Group of the UK Chartered Institute of Logistics and Transport. The full review can be obtained from the author on request.

BACKGROUND

A comprehensive overview of the current situation with regard to concessionary travel in England, with reference also to Scotland and Wales, is given in the House of Commons Library paper prepared by Butcher (2011).

According to Rayner (2011), the idea of free bus travel for older people originated in Birmingham in the 1950s. Concessionary fares offering some reduction on the commercial fare, and often free, became commonplace in the larger urban areas, especially where local bus services were provided by municipally-owned bus companies. The Transport Act 2000 gave all those who had reached the pensionable age (then 65 for men, 60 for women), and those with disabilities, entitlement to half-fare bus travel within their local area, with the entitlement starting in 2001 (Butcher, 2011). After a hearing in the European Court of Human Rights, the age at which men were entitled to apply for a concessionary travel pass (CTP) was reduced to 60, which was implemented in April 2003. The statutory concession was extended from half-fares to free local travel from 1 April 2006 in England. In the 2006 Budget the then Chancellor, Gordon Brown, announced that from 1 April 2008 free bus travel would be extended England-wide (Butcher, 2011). The current scheme in England provides free bus travel on all local buses for those eligible from 9.30 am to 11.00 pm on weekdays and all

day at weekends and on Bank Holidays across England (Butcher, 2011). Local authorities can provide extra concessions for those living in their area. The present coalition government has given a commitment to maintain the scheme in England, which it regards as successful (Department for Transport, 2012a) but it has retained the policy of increasing the age of eligibility in line with changes in state pension age in England (Butcher 2011) announced by the previous Government in 2009. This means that the qualifying age will rise to 67 by 2020 with further increases planned after then.

A similar scheme has been introduced in Scotland. In the 1990s local authorities financed and operated concessionary travel schemes for groups such as older and disabled people (Transport Scotland, 2009). A variety of different schemes emerged, with most offering half-fare bus travel but some offered free bus travel. From 1 October 2002 all the local schemes were enhanced to a minimum standard of free local off-peak travel after 9.30 am Monday to Friday and at weekends for those aged 60 and over (Butcher, 2011). The National Concessionary Scheme (NCT) in Scotland was introduced in April 2006, providing unlimited free travel for those aged 60 plus and disabled people across Scotland on eligible services, including long distance services (Audit Scotland, 2012).

Free local bus travel was introduced in Wales on 1 April 2002 (Welsh Government, 2012).

THE TAKE-UP OF CONCESSIONARY TRAVEL PASSES

The National Travel Survey (NTS) data in Table 1 show that the percentage of eligible older people holding CTPs has increased over time. In 1998/00 when CTPs were issued by local authorities at their discretion, fewer than half the eligible people took advantage of the opportunity (some of them may have lived in areas where there was no scheme). There was a large increase to 58% in 2002 when local authorities were required to offer a minimum of a half price concession. This increased to 63% in 2006, probably stimulated by the introduction of statutory free local travel in April 2006 in England, with further growth to 78% in 2010 when the scheme was extended to cover free local travel anywhere in England. The picture is complicated by the different schemes introduced at different times in England, Scotland and Wales and the changes in the age of eligibility for men. The take-up rate fell from 2002 to 2003 because when the eligible age for men was reduced from 65 to 60 on 1 April 2003 the eligible population grew significantly. The fall can be explained by there being a lag in many of the 60-65 year old men obtaining CTPs, perhaps because they had access to a car and saw no reason to obtain one. Even in 2010 there was still a significantly lower take-up rate for men than women, again, perhaps because of greater car availability for men than women or a reluctance by some men to be seen travelling by bus.

Table 1 - Take-up of concessionary fares in Great Britain by people eligible on the grounds of age (% of eligible age holding CTPs)

	1998/00	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Males	47	54	49	48	50	56	64	68	72	74	76
Females	50	60	63	62	61	68	71	78	79	82	82
All	49	58	57	56	56	63	68	73	76	78	79

Source: Department for Transport (2012b)

Given that CTPs are issued free of charge it is interesting to try to understand why over 20% of those eligible to hold one do not do so. Humphrey and Scott (2012) have examined data obtained in response to specially commissioned questions about CTP holding and use in Ipsos-Mori's Omnibus survey, carried out through face-to-face interviews with 988 people in England aged 61 or over. They examined the reasons for not holding a CTP and found that 69% of respondents said that they did not have one because they could drive or they had someone to drive them. The other reasons were all cited by 10% of the respondents or fewer. They fell under several headings including personal difficulty in using buses, poor access to good bus services and simple failure to obtain a CTP.

The variation in the take-up rate by age in England is shown in Table 2, based on analysis of NTS data. It can be seen that the rate increases with age up to 80-84 and then declines. The decline with age beyond 85 is probably explained by decreasing mobility and increasing frailty with age. The relatively low rate for younger eligible people may be due to greater car availability. (It should be acknowledged that some people may hold them but have ceased to use them because of difficulty in travelling because of increasing age).

Table 2 - Take-up rate of CTPs of those aged 60+ in England in 2010

Age	%
60-69	73
70-79	82
80-84	85
85+	74
All	77

Source: Humphrey and Scott (2012) using NTS data

THE IMPACT OF CONCESSIONARY FARES ON THE TRAVEL BEHAVIOUR OF OLDER PEOPLE

Changes in travel patterns

Humphrey and Scott (2012) have examined the frequency of use of CTPs by older people by a number of personal characteristic. As Table 3 shows, overall, 13% of CTP holders use them daily and 39% used them weekly but less than daily. 19% used them less than once a year. Women tend to use CTPs more frequently than men.

Humphrey and Scott (2012) used multivariate analysis to estimate the influence of various factors on CTP use. They found that socio-economic classification and income were not statistically significant when other variables were controlled for, suggesting that access to a car is a critical factor. They also found that the urban-rural split was not a statistically significant factor, but that frequency of bus services and walking time to bus stops were, suggesting that having a good bus service within easy reach is also very important. They also examined the reasons for infrequent use of CTPs in England and found that 74% of respondents said that it was because they could drive or that someone could drive them. The second most popular response with 14% was that the buses were too infrequent, followed by health problems or disabilities making it difficult to use buses with 10%.

Table 3 - Frequency of CTP use by gender in England in 2010

Gender	At least	Less than	Less than	Less than	Less than	
	daily	daily, up to	daily, up to weekly, up		annually	
		weekly	to monthly	to annually		
Male	11	36	16	17	21	
Female	14	42	15	13	17	
All	13	39	15	15	19	

Source: Humphrey and Scott (2012) using NTS data

A different aspect of the impact of CTP holding on bus use is the change in bus use following obtaining a CTP. The impact on frequency of bus use of obtaining a CTP on bus use is shown in Table 4 where it can be seen that most people have used the bus more since obtaining their passes. Those who were frequent bus users were most likely to say that they had increased their use of buses a lot, while the less frequent users were more likely to have increased their use by a small amount.

Table 4 - Change in frequency in the use of buses in Great Britain since receiving a CTP by previous frequency of use (%)

	A lot more	A little more	About the	A little less	A lot less	Don't
	often	often	same	often	often	know
At least once a week	38	25	36	1	-	1
Use, but less than once a week	11	41	38	3	5	2
Never	-	3	58	-	25	14
All	20	28	41	2	6	3

Source: Department for Transport (2011a)

The trip purposes for which CTPs are used

The purposes for which CTPs are used have been examined in a number of studies. The exact information varies, partly because of the nature of the survey. In surveys conducted in the course of a journey, on a bus or at a bus stop for example, the purpose for that trip is established, and so the figures produced for the number of trips for each purpose usually sum to 100% over all the trips surveyed. In data collected during interviews the respondents are usually asked to state all trip purposes for which they use their passes, so the results are expressed in terms of the percentage of CTP holders who use their passes for each trip purpose. Because of the variety of ways in which the figures can be expressed, it is difficult to obtain a clear consensus on the scale of use of CTPs for each purpose. It is, however, possible to establish the ranking of the purposes from each survey (which trip purpose are CTPs used for most, which one second most, and so on). It should be noted that none of the surveys cover the whole of Great Britain and some are very localised, and so it would not be expected that the surveys would all give the same results: the spectrum of trip purposes that CTPs are used for depends on the geography of the area, the available opportunities and the nature of the local bus service. It is, however, of interest to see which types of trip are most popular. Table 5 shows the rankings of trip purposes from nine studies. It should be noted that, in addition, Baker and White (2010) in their study in Salisbury and the surrounding area, found that 'food shopping' was the main trip purpose and Rye and Mykura (2009) found that 'shopping' was the most popular reason for use of CTPs in Edinburgh.

Table 5 - Rankings of the trip purposes that CTPs are used for, taken from various surveys

Author	Andrews	Bonsall and	Hirst and Harrop	Humphrey and	Ling and Howcroft (2007)	Passenger Focus	Scottish Executive	Scottish	Transport
	(2011)	Dunkerley (1997)	(2011)	Scott (2012)		(2009)	(2004a)	Executive	Scotland
								(2004b)	(2009)
Method	On-bus	Postal SCQ	SCQs at five	Analysis of NTS	On-vehicle interviews	Bus stop interviews	Bus stop	Postal SCQ	Postal SCQ
	interview		locations				interviews		
Area	SW	London	Manchester	England	Manchester	Birmingham, Bath,	Scotland	Scotland	Scotland
	England					Scarborough, Newark-			
Rank						on-Trent			
1	Shopping	Shops	Shopping	Shopping	Leisure and recreational	Shopping	Shopping	Shopping	Shops
					facilities including non-				
					food shopping				
2	Social	Other	Leisure/ recreation	Leisure	Visiting friends and	Visiting	Meeting people	Social	Day trip
	reasons				relatives	friends/relatives			
3	Other	Various	Medical	Work/ education	Food shopping	Accessing sport,	Recreation/ leisure	Medical/	Medical care
			appointment			leisure and recreation		health	
4	Work	Medical	Visiting friends	Medical		Holidays	Medical	Personal	Visiting family
			and family				appointment	business	
5	Medical	Work	Education/ escort	Escort		Days out/ places of	Personal business	Just for the	Visiting friends
			to education			interest/ sightseeing		ride	
6	Education		Work			Accessing healthcare	Other purpose	Other	Airport or train
7			Business			Other	Getting to/from	Work	Holiday
							work		
8			Other			Commuting/ business	Travel during work	Education	Work
						travel			
9									Elsewhere

Note: SCQ means self-completion questionnaire; for Humphrey and Scott (2012) return trips to home have been excluded.

Notwithstanding the caveats mentioned above, it is possible to draw some conclusions from Table 5. The most popular use of CTPs is for shopping. The second most popular purpose is probably various forms of social and leisure trips. This heading covers a variety of types of trips, including visiting friends and making day trips. Many such trips may include some shopping. Another reason that appears on most of the lists is medical, which includes visiting the doctor, hospitals and clinics. A fourth reason, which generally comes below the three reasons already mentioned, is employment.

The impact of CTPs on modal usage

One impact of CTPs may be the effect on the usage on other modes. In particular, they may reduce car usage.

Transport Scotland (2009) examined the effects on car usage as a result of the introduction of free bus travel across the whole of Scotland and found that 43% of respondents were travelling by car less, 27% the same and 2% more. A control group in north-east England was used for comparison (this was prior to the introduction of free bus travel across the whole of England). This showed that 21% were travelling by car less, 7% more and 39% the same. This suggests that the introduction of a nationwide free bus travel in Scotland reduced car use. The survey also asked whether respondents had decided not to own or use a car since obtaining a CTP for national travel. 3% said that they had, but, they would have also have aged over the period. This effect is illustrated by considering the effects by age group, which varied from 2% by those aged 60 to 64 and 5% for those aged over 80. This suggests that CTPs cause a small reduction in car ownership.

Earlier, another Scotland-wide study examined the effects of introducing free local bus travel in Scotland (Scottish Executive, 2004b). 24% of those surveyed said that they were using their cars less often, 7% more often and 40% the same (and 30% never used a car). Similarly, there was a 20% reduction in the number of lifts received from friends, with 7% receiving more, 42% the same and 31% never receiving lifts.

Andrews (2011), in his study in south-west England, found that 38% of the trips surveyed would have been made by car, of which 27% would have been as car drivers and 11% as car passengers. 37% of the trips would have been as paid bus journeys, and 16% would not have been made. He also found that 7% of older people reported planning to give up car ownership as a result of the CTP (Andrews, 2012b).

Passenger Focus (2009) looked at the previous mode that was used for trips using CTPs outside the local area. 35% trips were made by car: 18% as drivers and 17% as passengers.

Rye and Mykura (2009) found that 20% of the extra trips being made by bus in Edinburgh as a result of obtaining a CTP would have been made by car.

It is not possible to say exactly what the impact of CTPs has been on car usage from these surveys because the questions were asked in different ways and the form of the concession varied according to when and where the survey was carried out. It does seem reasonably clear that offering CTPs has had an impact on car usage. A figure of about 20% of the bus trips being made using CTPs having otherwise been driven by car seems to be a rough (and fairly conservative) estimate, based on the reports cited above. Using this assumption, it is possible to estimate the effects CTPs have on the number of car trips. People in Britain made 960 trips per head per annum in 2010 (Department for Transport, 2012b). With a population of 60.46 million according to the Office of National Statistics (2011), this implies that 58,044 million trips were made in Britain in 2010. 64% of trips in Great Britain were by car in 2010 (Department for Transport, 2012b), implying a total of 37,148 billion person trips by car. 1767 million concessionary bus journeys were made in Great Britain in 2010/11 (Department for Transport, 2011b). If the estimate of 20% of bus trips by CTP being diverted from car is correct, this implies that 353.4 million bus trips would otherwise have been by car. Since 353.4 million divided by 37,148 million is about 9.5x10⁻³, this suggests that the use of CTPs reduces the number of person trips by car in Britain by about 1%. The reduction in traffic on the road would be less because some people would have been travelling as car passengers, but in some cases, the trips would have been made for the benefit of the CTP holders (for example, to take them shopping or to their doctor), and so use of the CTP would remove the need for that car trip. Hence the reduction in the number of vehicle trips by car is slightly under 1% (but would be greater if the assumption of a diversion of 20% of bus trips from car because of CTPs is too low).

Another mode which has interactions with bus travel is walking. The issue is fairly complicated because it is possible that some people, when offered the opportunity to travel by bus for free, will switch from walking to bus use for short trips. On the other hand, most bus trips include an element of walking to and from the bus stop, so by making more trips by bus, some people may be walking more. This question was addressed explicitly by Transport Scotland (2009) which asked respondents whether they walked more, less or the same as the result of obtaining a CTP for the whole of Scotland. 17% said they walked more, 14% said they walked less and 63% said the walked the same amount. Interestingly, there was a clear difference with age, as shown in Table 6. It can be seen that the younger old walked more and the older people walked less. It should be borne in mind that the intervention being examined was the introduction of the national scheme of concessionary travel and that local bus travel was free to CTP holder before the national scheme was introduced. The younger old people may have been making more bus trips which involved walking while the reduction for older people may reflect the increase in the take-up rate so that more very elderly people were taking buses for short trips because travel was free. The same issue was examined in terms of access to a car and it was found that the group which claimed to have increased its walking most was the car owners while those without access to a car were least likely to have walked more and most likely to have walked less (the latter group is also likely to contain many very elderly people, so this may be partly linked to the previous point about age).

Table 6 - Changes in walking by age as a result of the introduction of the national CTP scheme in Scotland.

Age	% walking more	% walking less	% walking the same
60-64	25	11	61
65-69	19	12	66
70-74	18	13	64
75-79	11	13	67
80+	8	21	60
Overall	17	14	63

Source: Transport Scotland (2009)

In an earlier nationwide survey in Scotland, the Scottish Executive (2004b) found that 10% said that they walked more as the result of free local bus travel and 16% said that they walked less, with 55% saying that they walked the same amount and 19% saying they never walked. This was free local travel so the opportunity to switch from walking to bus for very short trips may have been the dominant effect here.

Another study in Scotland was the work by Rye and Mykura (2009) in Edinburgh which found that 40% of the extra bus trips being made because of free travel would have been walked. As indicated above, the extra bus trips would probably all included an element of walking. Because Passenger Focus (2009) was considering the impact of the nationwide scheme in England on non-local trips, none of the trips being surveyed would have been walked (or they were within the 2% 'other' category).

Coronini-Cronberg et al (2012) analysed NTS data for England for 2005-2008 and found a statistically significant link between having a CTP and walking three or more times a week. They found that respondents who were less than seventy years old, male, did not have access to a car or lived in small towns or rural areas were significantly more likely to walk three times or more in a week than other people.

Kelly (2011) used an econometric analysis of National Travel Survey data to examine the impact of the introduction of free bus travel for older people in England and showed that it led to more walking as part of bus trips and found no substitution of bus travel for walking trips.

The overall impact of CTPs on walking is difficult to determine because of the two effects: substituting short bus trips for walking trips and walking more as part of an increase in the number of bus trips. It partly depends on the nature of the concession being examined and on the age of the people being considered. The implications are discussed in more detail below when the health benefits of CTPs are examined.

The implications of CTPs for modes other than car and walking are not considered very much in the studies because the impacts are unlikely to be large or have significant policy implications.

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THE IMPACTS OF CONCESSIONARY TRAVEL PASSES ON THE LIVES OF OLDER PEOPLE

The impacts of CTPs on the health of older people

There are several ways in which CTPs can improve the health of older people: through better access to health facilities, through providing more exercise by increasing walking and through better mental health by offering opportunities for more social interaction which might help to reduce depression, for example.

As shown in Table 5, access to medical facilities was one of the purposes for which CTP are used. None of the studies showed how the CTP holders would have reached the medical facilities if they did not have CTPs. Given the importance of visits to hospitals and the doctor, it seems likely that many of them would have paid to travel by bus if that were the best way to travel. One issue is the time of appointments which are often early in the morning. The national schemes do not allow travel before 9.30 am, although some local schemes do so. Hirst and Harrop (2011) looked at the introduction of full bus fares before 9.30 am in Manchester and reported that 23% of respondents said that it would have an impact on attendance at health appointments while 36% said that they would not be affected.

The effects of the use of the bus on obesity amongst those aged 60 and over was examined by Webb et al (2011) who analysed the English Longitudinal Survey of Ageing (ELSA) to look at local bus travel in 2006 using logistic regression on the population eligible for bus passes (those aged 60+) compared with those aged 50-60 to predict the use of public transport. ELSA uses a sample of over 11,000 people aged 50 and over from the Health Survey of England. The survey was carried out in 2002, 2004, 2006 and 2008 and in each wave, questions were asked about public transport usage. The 2004 and 2008 waves included visits by nurses who measured the height, weight and waist circumference of the participants which allowed BMI (body mass index) to be calculated from their height and weight. (The greater a person's weight relative to his or her height, the higher the value of their BMI, so an increase in BMI is regarded as a sign of an increased risk to health). The participants were classified as eligible or non-eligible for free local bus travel (introduced on 1 April 2006) according their age at the time of the interview in 2006 and 2008. Those who did not use public transport in 2004 and 2008 had a mean increase of 0.23 kg/m2 in their BMI over the period 2004-8 while those who went from being non-users to users did not have a significant increase. There were similar increases to that for non-users for those who were users of public transport in both years and those who went from being users to nonusers All groups showed increases over time in waist circumference but the increases were lowest for those who went from being non-users of buses to users (with very similar values for those who went the other way). They concluded that older people who used public transport were less likely to be obese and less likely to become obese than those who did not.

The work by Coronini-Cronberg et al (2012), discussed above, suggested that having a bus pass is correlated with walking three or more times a week, which may well be sufficient to contribute positively to health.

As well as using National Travel Survey data to show that the introduction of free bus travel has increased the volume of walking by older people, as discussed above, Kelly (2011) examined Sport England's Active People Survey (APS). She found no evidence that providing free public transport increased participation in sport. In contrast, Hirst and Harrop (2011) found from their survey of older people in Manchester that respondents reported the use of their CTPs to attend various physical-health oriented recreation and leisure activities.

The survey reported in Transport Scotland (2009) asked respondents to rate the statement 'Scotland-wide free bus travel for older and disabled people has given me a more active lifestyle' on a scale of one to ten where one implied 'Strongly disagree' and ten implied 'Strongly agree'. Over 900 of the 2069 respondents gave a rating of 10, and about 70% rated the statement between 6 and 10, implying that they agreed with the statement to a greater or lesser extent. The report also states that the qualitative analysis showed that the national concessionary travel scheme encouraged more active lifestyles amongst elderly and disabled people. The respondents also noted that there were mental health benefits from being out more and interacting with other people. A few respondents said that they would feel 'housebound' if they could not use their passes. Some of those who did not use their passes regularly expressed the view that having the pass helped to prevent them feeling trapped at home. A respondent with learning difficulties was able to use the bus as a result of a result of having a CTP because he or she was unable to manage money. The respondent was able to obtain a supported employment post and travel on the bus independently.

The impacts on the inclusion of older people into society

Many of the studies reviewed, particularly those using qualitative methods such as focus groups, state that the use of CTPs has increased social inclusion. Social inclusion is a difficult concept to define, but it is subjective and concerned with a perception of feeling part of society. The Department for Health (2010) says in Paragraph 1.41: "Maintaining social networks, being part of a community and staying active all benefit health and wellbeing in later life". These all usually mean travelling in order to interact with other people, so the logic of providing CTPs is that, by lowering one of the barriers to movement by reducing the cost, more older people can meet one another. Because it is a subjective concept (someone who feels included in society is socially included), there is very little hard evidence on social inclusion.

Andrews et al (2012) argue that holding a CTP can help to address isolation in later life by facilitating on-bus interaction, offering access to informal support networks and social engagement, and releasing funds that would have been used to pay bus fares to pay for socially-oriented activities, such as purchasing a cup of tea with friends. Andrews (2012b) 13th WCTR, July 15-18, 2013 – Rio de Janeiro, Brazil

found that some respondents in his surveys reported specifically using the bus to meet people and alleviate loneliness and boredom, and that they would have made fewer such bus trips if they had had to pay for the trip.

Hirst and Harrop (2011) found that 74% of the respondents in their survey in Manchester said that their CTPs had enabled them to participate in new activities or visit new places, and that 35% of these newly generated trips were for leisure and social reasons including visits to family and friends.

As mentioned above, in the focus groups conducted as part of the research for Transport Scotland (2009) some respondents said that they would feel 'housebound' if they could not use their passes. Some of those who did not use their passes regularly expressed the view that having the pass helped to prevent them feeling trapped at home and one respondent with learning difficulties reporting being able to use a CTP to travel independently to a job and so be more included in society.

The impacts on the transition to ceasing to drive by older people

Musselwhite and Haddad (2010) examined the travel needs of older people by conducting three focus groups with 26 current car drivers aged 68 to 90 years old and then interviews with 31 older ex-drivers aged 65 to 92 years old. They found that ceasing to drive caused many changes in travel behaviour, including anxiety about being able to go shopping and to hospital, and to attend doctors' surgeries, with respondents mentioning feelings of depression and annoyance, particularly amongst those 'forced' to give up driving following advice from others or a driving incident. Isolation and exclusion from society were mentioned as resulting feelings.

As indicated above, the holding of a CTP can help to address some of these issues. Andrews (2012a), in his surveys and focus groups, found evidence that holding a CTP helped ease the transition from being a driver to not being one, particularly for those who held a CTP before they ceased to drive. It meant that they could gradually reduce their car use by giving up driving on some of the journeys that were found to be increasingly difficult such as driving at night, in winter and in congested areas, while using the car for other journeys. Hill et al (2009), who undertook 91 in-depth interviews with people aged 65 to 84 living in central England, found that some car drivers had increased their bus use since obtaining a CTP and that it enabled those with worries about driving to continue to be mobile.

This suggests that the provision of CTPs can help address some of the issues about the travel needs of older people identified by Musselwhite and Haddad (2010).

The impacts of CTPs on access to services for older people

The positive impact of holding a CTP on access to medical services was discussed above (with the problem of early appointments when CTPs cannot be used in many areas highlighted).

Kelly (2011) used the ELSA data to examine the impact of offering CTPs to older people on access to services (Post Offices and general practitioners (GPs)). She found a 6.1% increase in the probability of reporting that access to Post Offices was very easy and a 3.9% increase for access to GPs.

The impacts on the quality of life of older people

The subsections above have discussed various ways in which the holding of a CTP can help improve the quality of life of older people. Several of the studies found evidence of respondents saying that holding a CTP had improved their quality of life in general. Andrews (2011) in his surveys in SW England found 74% of respondents stating that having a pass had improved their quality of life. Rye and Mykura (2009) found 60% of their respondents in Edinburgh saying the same thing. Hirst and Harrop (2011) found 74% of their respondents in Manchester saying that having a pass enabled them to engage in new pursuits and visit new places. Andrews et al (2012) found evidence of a growth in 'buspass tourism' with many older people visiting new places as a result of having a CTP.

THE WIDER BENEFITS OF CONCESSIONARY TRAVEL PASSES

The various impacts of CTPs discussed in the previous section all represent benefits that having a CTP have brought to the lives of older people. Many of these also represent benefits to wider society because if older people are able to reach services and facilities independently by using their passes, this means that others, for example, family members or local authorities, do not have to take them. Whilst it would probably be possible to estimate the savings to local authorities of not having to provide some transport services because of the use of CTPs, it would probably not be possible to put a value on the improvements to well-being that CTPs have brought to many people by reducing feelings of social exclusion and improvements to the quality of life. The evidence that CTPs do induce these perceptions is fairly widespread in the literature.

There are some benefits to the wider community of providing CTPs. Hirst and Harrop (2011) found a number of their respondents in Manchester using their passes for voluntary work. Andrews (2012a) found examples of how having a CTP helped to promote pass holder participation in society, such as working in the voluntary sector (some people surveyed had taken up voluntary posts on the basis they did not have to pay to get there or have the embarrassment of asking the charity for reimbursement of the travelling expenses, and they

could use their CTPs to work more flexibly such as going home for lunch and running errands by bus), and giving informal voluntary help to others including grandparents taking children to school (and therefore engaging in social interaction and being given a greater sense of purpose in life).

Rayner (2011) analysed over 3000 email responses from older people in London about their use of their CTPs. From these he identified the range of uses shown in Table 7. Whilst this was not a representative sample and the public transport opportunities are greater in London than elsewhere in Britain, it does indicate the range of uses of CTPs including voluntary work. The WRVS (2011) has estimated the value of the socio-economic contributions of older people in the UK and states on page 5 that: "Our new research shows that every year, older volunteers each spend an average of over 100 hours 'informally' volunteering and more than 55 hours in formal volunteering roles". It is not possible to establish how much the contribution to society of voluntary work is facilitated by the CTP system, but it is likely that it is quite significant.

Table 7 - Use of CTPs in London based on over 3000 emails

	Numbers	Detailed purpose	Numbers
Purpose		Detailed purpose	
Spending money:	2741	Visiting museums, exhibitions,	964 (15.9%)
directly contributing to	(45.2%)	galleries, library visits etc.	
the economy		Shopping, bank, Post Office	710 (11.7%)
		Eating out, coffee and tea	79 (1.3%)
		Organised social events (lunch	988 (16.3%)
		clubs, arranged outings)	
Directly saving society	1509	Voluntary work (formal)	927 (15.3%)
money	(24.9%)	Voluntary work (informal) Child	467 (7.7%)
		care/carer duties	
		Voluntary work (informal)	115 (1.9%)
		Stakeholder groups, councils etc.	
Indirectly saving money	1813	Exercise (swimming, Tai Chi, yoga,	437 (7.2%)
by increasing general	(29.9%)	walking, Ramblers etc.)	
well-being, saving the		Attending educational courses,	279 (4.6%)
need for NHS care,		seminars and forums	
home visits etc.		Avoiding social exclusion (avoiding	339 (5.6%)
		being housebound)	
		Visiting family and friends	673 (11.1%)
		Attending religious services	85 (1.4%)

Source: Rayner (2011)

There may be some benefits of providing CTPs to bus operations. Focus groups conducted for the Department for Transport (undated) suggested that offering free travel on public transport for older people would speed up the boarding process and reduce the incidence of bus drivers moving away before older people had sat down. In Manchester, the number of journeys on Ring & Ride fell by 4% because some users transferred to normal bus services 13th WCTR, July 15-18, 2013 – Rio de Janeiro, Brazil

with free fares, so the number of requests refused due to limited capacity fell from 15,600 in April-September 2005 to 12,400 in April to September 2006 (Ling and Howcroft, 2007).

THE VALUE OF PROVIDING CONCESSIONARY TRAVEL PASSES

It is clear from the evidence cited above that providing CTPs provide benefits to both the holders of the passes and to society as a whole. The value to the holders is illustrated by Andrews (2011) who asked his focus group respondents to sort a set of benefits into order of preference, which produced the following ranking:

- 1. Free prescriptions
- 2. Free bus pass
- 3. TV licence
- 4. Winter fuel payment
- 5. Free swimming
- 6. Free mobility aids
- 7. Free bicycle.

Andrews (2011) argues that putting free prescriptions above the free bus pass reflects the hierarchy of travel needs and experiences identified by Musselwhite and Haddad (2010) which showed that more basic needs tend to be fulfilled before higher needs can be realised.

Passenger Focus (2009) asked their survey respondents whether they felt it was right that elderly and disabled people were provided with free off-peak bus travel throughout England. 95% of the respondents (96% of pass holders and 94% of non-pass holders) thought that it was right that these people receive free bus travel throughout England, while just 4% did not think it was right, and 1% did not know. In the focus group work in that study, respondents also thought that free travel should be provided, but a small number of people felt that passes for older people should be made available at retirement rather than at the age of 60, with some of these thinking that the availability should be means tested.

Members of focus groups surveyed in Scotland (Scottish Executive, 2004b) were asked to put a monetary value on the pass. Of those who were able to do so, the estimates ranged from £4 to £30 (€4.67 to €35.09) per week depending on the pattern of trips. The participants felt that the pass was a right that they had earned through paying tax over the years. Hirst and Harrop (2011) asked respondents how much they would be able to pay if a fare were introduced for CTP holders. 11% said that they would not pay anything, 46% said that would be able to pay 50p to £1 (€0.58 to €1.17) per trip and 12% said that they could pay half-fare or £1 to £2 (€1.17 to €2.34) per day. (These values do not necessarily reflect the value that they put on the trips, because these values were influenced by what they could afford).

The cost of providing free fares is illustrated in the case of Manchester where Ling and Howcroft (2007) estimated that the introduction of free fares resulted in an increase in the

concessionary reimbursement payments in the area and that was likely to result in a need to increase the concessionary bus fare before 9.30 am Monday to Friday from 50p to 70p. Nowadays, CTP holders have to pay full fares before 9.30 am (Transport for Greater Manchester, 2012). The Department for Transport (2012a) acknowledges that the introduction of the national scheme has led to the loss of some local discretionary extensions to the scheme, such as free peak-time bus travel.

In his focus group work, Andrews (2011) found that some pass holders did not realise that there was a cost associated with CTPs, assuming that they were taking seats on buses that would otherwise be empty while others thought that they were helping to keep bus companies in business.

Tentative welfare calculations by Kelly (2011) suggested that introducing free for older people generated a net welfare gain to society.

Last (2011) in his analysis of smartcard data in Lancashire, found that about half the passholders made no trips with their passes in the five-week period being studied and that 2.4% of passholders accounted for 25% of local concessionary bus trips. He argues that a large amount of public money is associated with travel by a very small proportion of the targeted population and that this is probably due to the variability in the availability of high quality bus services. He argues that this raises questions about the effectiveness of the policy of offering CTPs as a tool for reducing social inclusion and the equity implications of the distribution of subsidy.

Rye and Carreno (2008) argue that the systems for concessionary fare reimbursement in Scotland and Wales to operators over-reimburse them.

CONCLUSIONS

It is clear from this examination of the evidence, that concessionary travel passes are popular with those who have them and contribute to their wellbeing by providing a variety of benefits, including opportunities to access services and social activities that they could not otherwise do. The availability of the concession is also supported by those that do not have them, perhaps because they can see that it is a benefit that they will enjoy one day without being associated with some of the disadvantages of being old, as implied by the concession of free prescriptions, for example. Society in general benefits through the pool of free labour that older people provide through their voluntary activities, both formal and informal. Society also benefits from fewer cars on the road and the lower public expenditure in providing social and medical services because holders of CTPs can reach facilities on their own and enjoy better physical and mental health as a result. At present it is impossible to put a value on all these benefits, but they are large and need to be borne in mind by anyone considering making any changes to the CTP system.

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